Tabrecta

Oman · access guide

How to access Tabrecta from Oman, the named-patient import pathway, 2026

By Reserve Meds, Clinical and regulatory team. Last reviewed 2026-05-13.

A Oman patient with metastatic non-small cell lung cancer (NSCLC) whose tumor carries a mutation leading to MET exon 14 skipping (METex14), as detected by an FDA-approved test, may receive a prescription for Tabrecta (capmatinib) from their treating oncologist. Tabrecta is FDA-approved in the United States and manufactured by Novartis. It is a small-molecule MET kinase inhibitor administered orally. Local availability of Tabrecta in Oman can be inconsistent: the drug may not be on every oncology pharmacy's standing formulary, the specific indication may not match what is locally registered, or the strength required may be back-ordered. When that happens, a named-patient import pathway through DGPADC remains a legitimate route for the patient whose physician has already prescribed the drug.

This guide explains the pathway, the documentation your physician needs, typical costs and indicative timing, and where Reserve Meds fits in.

The clinical situation

Tabrecta is a selective small-molecule kinase inhibitor of the MET receptor tyrosine kinase. Standard adult dosing is 400 mg orally twice daily, with or without food. Confirmation of a MET exon 14 skipping mutation by an FDA-approved companion diagnostic (NGS or RT-PCR), or an equivalent locally accredited test, is required before initiation. Baseline workup per FDA labeling includes complete blood count, hepatic function tests (ALT, AST, bilirubin), serum amylase and lipase, and pregnancy testing where applicable. Important warnings include interstitial lung disease and pneumonitis, hepatotoxicity, pancreatic toxicity (elevated amylase and lipase), risk of photosensitivity, and embryo-fetal toxicity. Your oncologist will discuss the risk-benefit profile and schedule monitoring before initiating therapy.

Is Tabrecta legally importable into Oman?

Yes, through the Directorate General of Pharmaceutical Affairs and Drug Control (DGPADC) named-patient and personal-use import framework, coordinated with the treating facility's pharmacy. Parallel authority in the Emirate of Abu Dhabi operates through the Department of Health (DoH) and in Dubai through the Dubai Health Authority (DHA). The Oman has an established pathway for specialty oncology medicines approved by reference authorities (US FDA, EMA, MHRA) but not stocked or registered for the specific indication locally.

The DGPADC named-patient route allows a Oman-licensed physician to request import of a medicine when: (a) the medicine is approved by a recognised reference authority, (b) no clinically equivalent locally registered alternative is suitable for the patient's indication and history, (c) the treating physician takes clinical responsibility for use, and (d) chain of custody is documented from the US source to the administering facility.

How the pathway works, step by step

1. **Consultation with your treating oncologist.** The prescribing decision is clinical. Your oncologist documents the indication, MET exon 14 skipping mutation status (with NGS report), prior therapies, and rationale for Tabrecta.
2. **Baseline screening.** CBC, LFTs, amylase, lipase, baseline chest imaging, and pregnancy testing where applicable are confirmed and documented.
3. **DGPADC named-patient application.** Your oncologist or the hospital's import pharmacy files the application with clinical rationale, mutation status documentation, patient reference, product strength (150 mg or 200 mg tablets), quantity requested, and chain-of-custody plan.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner to secure product from Novartis's authorised distribution under DSCSA chain-of-custody.
5. **Shipment.** Tabrecta is an oral tablet with controlled-room-temperature storage requirements. Shipments include temperature-monitored packaging and tamper-evident seals.
6. **Arrival and first dose.** The dispensing pharmacy releases product against the physician's prescription, and your oncologist initiates therapy with scheduled follow-up for monitoring.

What documentation your physician needs

Your physician will typically need to provide:

- A clinical rationale letter confirming diagnosis, MET exon 14 skipping mutation status (with NGS or companion diagnostic report), prior therapy history, and Tabrecta as the indicated next step
- Verification of their Oman medical licence
- A patient identifier, anonymised reference where privacy is preferred
- Documented pre-treatment screening (CBC, LFTs, amylase, lipase, chest imaging) consistent with FDA labeling
- The planned dosing strength and schedule (400 mg twice daily)
- A discussion note on the ILD and pancreatic toxicity monitoring plan

Reserve Meds provides a physician documentation kit that bundles the templates DGPADC reviewers expect to see for MET-targeted therapy.

Typical costs and indicative timing

Reserve Meds gives you a drug-only reference range plus a transparent delivered quote at intake. As an illustrative composite case, the US cash-pay reference range for a 30-day supply of Tabrecta (400 mg BID) sits in an indicative 2026 band of roughly USD 21,000 to 25,000. International logistics, DGPADC documentation handling, shipping, and concierge coordination add incremental cost. The delivered quote we issue at intake shows each line separately.

Indicative timing for first dose after cohort intake opens is approximately 2 to 5 weeks from the moment a complete application is submitted to DGPADC, assuming the documentation package and METex14 report are clean on first pass. Refills ship on a rolling cadence aligned to your monthly supply.

Service availability is limited to our first cohort. All timelines are indicative, not guarantees.

Where Reserve Meds fits in

Reserve Meds is a US-based concierge coordinator for cross-border specialty medicine. For Tabrecta specifically, we provide:

- **Sourcing.** Through our US-licensed specialty wholesale partner, operating under DSCSA chain-of-custody from manufacturer to export.
- **Documentation.** Regulatory package tailored for your physician and for DGPADC review, including ILD and pancreatic toxicity monitoring templates.
- **Logistics.** Temperature-monitored, internationally tracked shipment to your named dispensing facility.
- **Concierge case lead.** A named point of contact for your family and your physician across the full case arc.

We are a coordinator. We are not the prescriber, not a pharmacy, and not a dispensing facility. All clinical decisions remain with your treating oncologist, and dispensing sits with the licensed Oman pharmacy of record. Reserve Meds operates on cash-pay only and does not bill insurance.

Frequently asked

Is this legal in Oman? Yes, when executed through the DGPADC (or DoH/DHA) named-patient framework with appropriate documentation, clinical rationale, and a licensed dispensing facility. The pathway is routinely used across Oman oncology.

How does Tabrecta compare with Tepmetko (tepotinib)? Both are oral MET inhibitors approved for METex14 NSCLC. Tabrecta is dosed twice daily, Tepmetko once daily. Your oncologist makes that determination based on your tumor, prior therapy, and tolerability considerations.

What about pneumonitis and lung toxicity? Interstitial lung disease and pneumonitis are known class effects of MET inhibition. Your oncologist will monitor pulmonary symptoms per labeling. Reserve Meds does not make that clinical judgement, your physician does.

Will my private health insurance cover this? Cash-pay is the default posture. Some Oman private insurers reimburse named-patient oncology imports on a case-by-case basis when the documentation package is strong. We supply documentation for your submission but do not process insurance claims.

What if my oncologist has not filed a named-patient request before? Named-patient import is an institutional process most major Oman oncology centers (Cleveland Clinic Abu Dhabi, American Hospital Dubai, Mediclinic City Hospital, Tawam Hospital) have encountered. Our documentation kit is written for first-time applicants and tracks what DGPADC reviewers commonly ask for.

Reserve Meds's role

US-based concierge coordinator for cross-border specialty medicine. We are not the prescriber, not the dispensing pharmacy, and not the manufacturer. All clinical decisions remain with your treating physician.

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